STATE OF MISSISSIPPI
DEPT. OF ENVIRONMENTAL QUALITY
OFFICE OF POLLUTION CONTROL
P.O. BOX 2261
JACKSON, MS 39225
(601) 961-5171

APPLICATION FOR CONSTUCTION AND/OR OPERATION OF AN ANIMAL MORTALITY INCINERATOR

TYPE OF PERMIT

☐ **New Source**
☐ **Modification**
☐ **Renewal of Operating Permit**
☐ **Existing Source Operating Permit**

Name _____
Location: City _____ **County** _____
Facility No. (if known) _____

APPLICATION FOR PERMIT TO CONSTRUCT
AND/OR OPERATE AIR EMISSIONS EQUIPMENT
GENERAL FORM

1. Name, Address & Contact for the Owner/Applicant

   A. Name _____

   B. Mailing Address

      1. Street Address or P.O. Box _____
      2. City _____ 3. State _____
      4. Zip Code _____ 5. Telephone No. ( ) _____

   C. Contact

      1. Name _____ 2. Title _____

2. Name, Address, Location and Contact for the Facility

   A. Name _____

   B. Mailing Address

      1. Street Address or P.O. Box _____
      2. City _____ 3. State _____
      4. Zip Code _____ 5. Telephone No. ( ) _____

   C. Site Location

      1. Street _____
      2. City _____ 3. County _____
      4. State _____ 5. Zip Code _____
      6. Telephone No. ( ) _____

      Note: If the facility is located outside the City limits, please attach a sketch or description showing the approximate location to this application.

   D. Contact

      1. Name _____ 2. Title _____

3. SIC Code _____

4. Number of Employees _____

5. Principal Process(es) _____

6. Principal Product(s) and maximum amount produced per day _____
_____
_____

7. Principal Raw Materials and maximum amount consumed per day _____
_____
_____

8. Operating Schedule

   A. Specify maximum hours per day the operation will occur: _____

   B. Specify maximum days per week the operation will occur: _____

   C. Specify maximum weeks per year the operation will occur: _____

   D. Specify the months the operation will occur: _____

9. Only if this application is for Operating Permit renewal, has the facility been modified in any way (including production rate, fuel, and/or raw material changes) during period covered by the Operating Permit? ☐ Yes ☐ No. If yes, give year(s) in which modification(s) occurred and explain.
_____
_____
_____

10. If after August 7, 1977, provide the date construction commenced. _____

11. If after August 7, 1977, provide the date operation began. _____

12. Please list the dates of any modifications or emissions increases since August 7, 1977. ____
_____
_____
_____

13. EACH APPLICATION MUST BE SIGNED BY THE APPLICANT.

    If the applicant is a corporation, it must be signed by a corporate officer as defined in Regulation APC-S-2. If the applicant is a partnership, it must be signed by a partner with authority to bind the partnership. In the case of a governmental agency, the application must be signed by the facility manager or senior staff officer responsible for the installation's or facility's environmental compliance.

    I certify that I am familiar with the information contained in the application and that to the best of my knowledge and belief such information is true, complete, and accurate, and that, as an appropriate representative of the applicant, my signature

shall constitute an agreement that the applicant assumes the responsibility for any alterations, additions or changes in operation that may be necessary to achieve and maintain compliance with all applicable Rules and Regulations.

_____	_____
Printed Name of Person Signing	Title
_____	_____
Date Application Signed	Signature of Applicant

PLEASE COMPLETE THE FOLLOWING PAGES WHERE APPLICABLE

GENERAL INFORMATION & INSTRUCTIONS

The following information must be submitted. Failure to submit any of the additional information or to conform to the instructions may result in initial rejection of the application.

1) If the space provided in the application is not adequate or does not fit the facilities air emission equipment, you may use a separate sheet(s) to provide the necessary information.

2) Permits will be valid only for those operations, pollutants, and pollutant emission rates identified in the application. As a minimum, the application must identify the following:

   a. All operations or equipment having air emissions. For each, specify the maximum schedule, the maximum operating rate and the expected operating rate, if different from the maximum.

   b. Emission rates (in units of the applicable emission standard as well as lbs/hr and tons/year) for each air pollutant subject to regulation under the Federal Act that can be reasonably expected to be emitted from each independent emission point. The following emission rates shall be provided in the Emission Summary sections of this application:

      i. Potential Uncontrolled Emissions - this emission rate is defined in Regulation APC-S-2, amended October 28, 1999.

      ii. Proposed Emission Rate - the maximum emission rate at which the applicant proposes to operate the emission point.

   EMISSION RATE CALCULATIONS MUST BE PROVIDED.

   c. The exhaust or stack parameters for each emission source (height, velocity, diameter, and temperature) shall be provided in the EMISSIONS SUMMARY SECTION.

3) Design Calculations and Specifications – all data and calculations used in selecting or designing process and control equipment.

4) Site Drawings – the drawing(s) or sketch(es) must be to scale and show at least the following:

   a. The property involved with dimensions, clearly defining restricted entry boundaries and, if different, the total property boundaries.

   b. Location and identification of all existing and/or proposed buildings, structures, and/or equipment, including points of discharge or air contaminants to the atmosphere, drawn to scale and in proper orientation.

c. The dimensions (length, width) of all buildings, structures, and/or equipment, including emission points.

d. The elevation of all buildings, structures, and/or equipment, including emission points, showing heights, grade baseline, and grade baseline height above mean sea level.

e. Primary compass direction indicator.

f. Location of streets and all adjacent properties. Show location of all buildings outside the property that are within 150 feet of the equipment involved in the applications. Identify all such buildings (as a residence, apartment, warehouses, etc.), specifying number of stories or approximate height, and indicate the prevailing wind direction.

5) Construction Drawings (See Note Below) – an assembly drawing, dimensioned and to scale, in as many sections as are needed to show clearly the design and operation of the equipment and the means by which air contaminants are controlled. The following must be shown:

a. Size and shape of equipment. Show exterior and interior dimensions and features.

b. Locations, sizes, and shape details of all features which may affect the production, collection, conveying or control of air contaminants of any kind; location, size, and shape details concerning all material handling equipment.

NOTE: Structural design calculations and details are not required.

6) Description of Process and Control Equipment – a written description of each process to be carried out in the facility and the function of the equipment used in the process. The descriptions must be complete and particular attention must be given to explaining all stages in the process where the discharge of any material might contribute in any way to air pollution. Control procedures must be described in sufficient detail to show the extent of control of air contaminants anticipated in the design, specifying the expected efficiencies of the capture systems and the control devices. All obtainable data must be supplied concerning the nature, volumes, particle size, weights, chemical composition and concentrations of all types of air contaminants.

7) Block Flow Diagram – a drawing showing the step of the process and the flow of materials through the process and any control devices.

Additional information may be required as is necessary to evaluate the design adequacy of the facility or to comply with the requirements of the Prevention of Significant Deterioration (PSD) regulations.

ALL ENGINERRING PLANS AND SPECIFIACTIONS MUST BEAR THE SIGNATURE, REGISTATION NUMBER, AND SEAL OF A PROFESSIONAL ENGINEER REGISTERED IN THE STATE OF MISSISSIPPI UNLESS OTHERWISE PROVIDED BY REGULATION.

EMISSIONS SUMMARY SECTION
PART I

STACK PARAMETERS								
Reference Number	Stack Height (feet)	Inside Exit Dia. (feet)	Exit Gas Velocity (ft/sec)	Exit Gas Volume (acfm)	Exit Gas Temperature (°F)	Moisture Content (%)	U.T.M. Coordinates Zone _____ East	North

EMISSIONS SUMMARY SECTION
PART II

Reference Number	Pollutant	PROPOSED EMISSION RATE			POTENTIAL UNCONTROLLED EMISSIONS	
		See Footnote (1)	(lbs/hr)	(TPY)	(lbs/hr)	(TPY)

(1) Provide emission rate in units of applicable emission standard, e.g., lb/MMBTU, gr/dscf at 12% CO_2, etc. This may not apply to every emission point or every pollutant from an emission point.

(2) Please provide the total emissions from the facility by pollutant.

SOLID WASTE INCINERATORS GENERAL INFORMATION

1) Manufacturers Information:
   a. Manufacturer Name: _____
   b. Model Number: _____
   c. Capacity (tons/hour): _____
   d. Type and amount of Waste per year: _____

2) Was this unit constucted or modified after August 7, 1977? _____yes _____no
   If yes please give date and explain _____
   _____

3) Type of Incinerator: _____ Single Chamber _____Multiple Chamber
   _____ Other, describe _____

4) Auxillary Equipment:
   a. Primary Burner:
      i. Fuel (Type): _____
      ii. Btu/hr rating _____
   b. Secondary Burner
      i. Fuel (Type): _____
      ii. Btu/hr rating _____
   c. Give Sulfur Content if Fuel Oil is Burned: _____%
   d. Barometric Damper: _____
   e. Guillotime Damper: _____
   f. Other, specify _____

5) Combustion Air: _____ Natural Draft _____ Induced Draft
   _____ Forced Draft _____ Starved Air
   _____ Other, specify _____

6) Waste Feed Method: _____ Flue Fed _____ Chute Fed
   _____ Continuous Direct _____ Batch Direct

7) Operating Schedule:
   a. Hours per Day: _____ Days per Week: _____
   b. From: _____ To: _____
      (time) (time)

   c. Circle the applicable days: M T W T F S S

8) Percent (%) CO_2 in the exit gas: _____